of unsuspected gangrenes and perforations warrant serious consideration in favor of earlier exploration.

I have been very much interested in the authors' decision to drain all cholecystectomies in the future. The danger of accumulations of bile, and bile peritonitis must be remembered if drainage is omitted. However, if meticulous care is followed in effecting hemostasis in the liver bed, and if anomalous bile ducts, particularly hepatocystic channels, are isolated and ligated, the abdominal wall can be closed without danger in the large majority of patients. The ease of postoperative convalescence warrants such a course.

A comparison of methods in surgery in cholecystic disease is of inestimable value for the determination of the best method of handling the most serious lesions, namely, acute advanced cholecystitis. The conservative attitude of the authors is well presented and their low mortality bespeaks the success of their methods in chronic cholecystitis.

❦

DOCTORS WEEKS AND DELPRAT (Closing).—We are delighted with the discussion of Doctors Toland and Mentzer.

We wish again to call attention to the importance of simplicity in surgery. This paper was written especially to show a successful, simple technique and to emphasize again the least possible abuse of tissue. We also hoped for more discussion on the question of drainage of the gall-bladder in certain forms of acute cholecystitis, thereby lessening the risk to the patient.

We certainly agree, if symptoms show that the patient is probably developing a perforation of the gall-bladder wall, that operation cannot be delayed sufficiently long to improve the body chemistry, with special reference to filling the liver full of glycogen.

MALIGNANCY—A GROUP PROBLEM*

By JOHN D. LAWSON, M. D.
Woodland

DISCUSSION *by Albert Soiland, M.D., Los Angeles; A. R. Kilgore, M. D., San Francisco.*

THE formation of "clinics" and "diagnostic groups" through the association of several medical specialists is a recent development of medical practice. Under conditions created by such an association an optimum position for the patient is established. There is a freer discussion by the various consultants who are related in this way. Ideas may be given without hesitation and without the risk of offending a colleague because of a frank expression of opinion. The members of the consulting staff are on equal terms and as such are free to meet one another without danger of their motives being misunderstood. Finally consultation under such conditions is less costly to the patient.

CANCER CLINICS

According to figures submitted by the American College of Surgeons, there are approximately seventy-five "cancer clinics" in existence at this time. These clinics furnish a number of advantages: (1) they provide complete facilities for diagnosis and treatment of malignancy; (2) records are, generally speaking, more complete and special care is taken that the material contained in these records is such as will furnish valuable information in connection with statistical and research problems; (3) the close association of the staff provides the possibility of frank opinions and open consultation; (4) expense to the patient is minimized.

ADVANTAGES IN GROUP APPROACH TO CANCER

In the study and treatment of malignant diseases the arguments for group practice are stronger than in any other division of medicine. For no condition is there more research work being done or more literature being produced. Immense endowments have been and are being made for study and research. Advances have not been spectacular, yet they have been definite and continuous. In no branch of medicine is more specialized equipment or financial outlay required than in this field.

A group of specialists are able to digest the literature, furnish the necessary finances for equipment, and collaborate with each other in such manner as to create a situation advantageous to the victim of malignant disease. Many groups, already established, have gone far toward securing the necessary staff and equipment for this work.

DIVISION OF LABOR IN GROUP PRACTICE APPROACH

In the diagnostic procedure three medical specialties must be represented. First, a clinician, whether his inclinations be surgical, medical or neither, should obtain a careful history and make a painstaking physical examination. Second, if the lesion involves structures which lend themselves to roentgen examination a roentgenologist should be consulted. Third, the pathologist should properly classify the tumor. In addition, studies should be made by the specialist in whose department the malignancy would be classified.

Competence of consultants should be stressed. The use of lay roentgen or pathology laboratories for the purpose of making examinations should be condemned. The opinion of a physician who has made himself competent by reason of education and experience is essential. It is not an x-ray picture that is desired nor is it microscopic section, but the opinion of a qualified roentgenologist or pathologist who has studied the case in its entirety.

The method of consulting should not be the all too frequent type of consultation in which the specialist agrees that the referring physician is correct in his diagnosis and treatment and acts merely as a relief to carry part of the responsibility. The consultants should arrive at a diagnosis and therapeutic recommendation after a complete discussion in which differences of opinion have been carefully weighed and balanced.

TREATMENT

The treatment of malignancies with colloidal solutions of the heavy metals is still in the stage of observation. The various sera, internal secretory extracts and nonsurgical treatments in general have not been accepted. The elimination of these procedures from consideration narrows the field down to surgery and radiation therapy or a

* From the Department of Radiology, Woodland Clinic, Woodland.

* Read before the Radiology Section of the California Medical Association at the sixty-first annual session, Pasadena, May 2-5, 1932.

combination of the two. Surgery may be made use of through use of the cold knife, high frequency current, electrocoagulation, or actual cautery. Even though an apparent eradication of the disease has been accomplished by surgery, radiation therapy is universally recommended.

The type of treatment, method of administration, dosage, in fact all details of radiotherapy will depend to a large degree on biopsy findings. By reason of this fact the pathologist and radiologist will of necessity maintain a close relation.

There is no desire to discuss here the grading of tumors as practiced by Broders and others. It is, however, pertinent that the radiologist should view, through the eyes of the pathologist, the apparent age of the malignant cell, the degree of differentiation, the amount of fibrous tissue infiltration, vascularity of the tumor, and such other significant factors as may be noted. He must be able to analyze the import of these observations and associate with them a knowledge of cell reaction to radiation. Unless he can do this he will be unable to make a proper prognosis nor will his treatment be laid on a satisfactory foundation.

In every case of malignant disease in which contact is established by the radiologist the major responsibility in the direction of treatment will fall to his lot. It may be that the patient will feel that another member of the staff is the directing physician, but this does not alter the actual situation. Since radiation therapy will be instituted in almost every case either alone or in combination with some type of surgery, it would seem logical that the radiologist be the chairman of the consultation committee. His close contact with the various types of malignancy and his observation of all cases including their response to therapy should fit him for this position. In order that he may properly occupy the chair which circumstance has apparently made for him he must expend every effort and apply himself diligently to keep a few paces ahead of his collaborators.

Should, eventuatly, the radiologist not become the leader in the therapeutic field of malignancy, it will be because he has not applied himself sufficiently to take advantage of the stepping-stones medical advance has placed in position for him.

Woodland Clinic.

DISCUSSION

ALBERT SOILAND, M. D. (1407 South Hope Street, Los Angeles).—Doctor Lawson's presentation of this subject is timely and concise, and in harmony with the best thoughts on cancer study and research today. Unquestionably, collective study of a cancer patient under such conditions as Doctor Lawson suggests is ideal both from a scientific and a practical viewpoint. The work of the American Society for the Control of Cancer, the American Medical Association, and the American College of Surgeons in fostering cancer clinics is highly commendatory, for most of us agree that the cancer problem is the outstanding challenge to clinical medicine and surgery. It is not alone necessary to instruct the public as to the urgency for early coöperation with the medical profession, but it is equally important to educate many of the medical profession who altogether too frequently neglect or fail to recognize a potential or a basic cancer lesion in time to render adequate medical service to the patient. I feel that Doctor Lawson's admonition of teamwork between the clinician, the pathologist, and the radiologist should be especially emphasized.

A. R. KILGORE, M. D. (490 Post Street, San Francisco).—In the face of a disease, or rather group of diseases, such as cancer is in which the first attack must be the correct attack, consultation offers greatest usefulness before treatment is begun. The problem varies with each type of malignancy and with each case, and the field is far too complicated for one individual to master. For the selection of the correct method of first attack in the individual case, concerted action by clinician, surgeon, radiologist, and pathologist is essential, and for this reason malignancy has become a group problem, not to mention other advantages concisely and logically presented by Doctor Lawson.

THE LURE OF MEDICAL HISTORY *

FRESNO COUNTY—ITS HEALTH ORGANIZATION

A BRIEF HISTORICAL SKETCH

By G. ROBERTSON, M. D.
Fresno

IT has been impossible to procure data on the above organization prior to the time of appointment of Dr. E. A. Thoman, whose term of office expired with the appointment of Dr. G. L. Long. Up to that time, the work of the Fresno County health officer consisted mostly of taking care of the quarantining of communicable diseases. There being no deputies in the office in those days, the health officer answered all calls personally. In 1904 Doctor Long succeeded Doctor Thoman. After serving two terms, he was replaced by Dr. Till Burks, who served one term, to be displaced in turn by Doctor Long, who once more took up the reins of the office and continued serving for twenty-four consecutive years.

The salary of the Fresno County health officer at that time was the large sum of $50 per month; this amount was received by Doctor Long for the first ten years of his administration. The population of the county increased rapidly and in 1914 Doctor Long convinced the Board of Supervisors that he needed an assistant. William Scales was appointed as a deputy at a salary of $75 per month, the health officer's salary being raised to the same figure. Some years later, other deputies were added to the staff, namely, an epidemiologist and a school nurse, the late Dr. Charles Benedict and Miss Post filling the respective positions.

SOME FRESNO COUNTY PUBLIC HEALTH PROBLEMS

As stated before, up to the time Doctor Long became health officer, no constructive public health work had been attempted in Fresno County. There was a large field for such work. Typhoid fever was very prevalent as were all the other

* A Twenty-five Years Ago column, made up of excerpts from the official journal of the California Medical Association of twenty-five years ago, is printed in each issue of California and Western Medicine. The column is one of the regular features of the Miscellany Department of California and Western Medicine, and its page number will be found on the front cover index.